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Please replace paragraph [039] with the following amended paragraph:

B2
FIG. 20 shows an expanded annulus stent with barbs on the radial extensions.

Please replace paragraph [043] with the following amended paragraph:

B3
Additionally, to repair a weakened or thinned wall of a disc annulus **42**, a surgical incision is made along the weakened or thinned region of the annulus **42** and one or more surgical sutures **40** can be placed at about equal distances laterally from the incision. Reapproximation or closure of the incision is accomplished by tying the sutures **40** so that the sides of the incision are drawn together. The reapproximation or closure of the incision enhances the natural healing and subsequent reconstruction by the natural tissue crossing the now surgically narrowed gap in the annulus **42**. Preferably, the surgical sutures **40** are biodegradable, but permanent non-biodegradable materials may be utilized.

Please replace paragraph [045] with the following amended paragraph:

B4
In a further embodiment, as shown in FIGs. 8A-B a biocompatible membrane can be employed as an annulus stent **10**, being placed in and across the aperture **44**. The annulus stent **10** acts as a bridge in and across the aperture **44**, providing a platform for a traverse of fibroblasts or other normal cells of repair existing in and around the various layers of the disc annulus **42**, prior to closure of the aperture **44**.

Please replace paragraph [050] with the following amended paragraph:

BS

The lower section **16** of the centralized vertical extension **12** can comprise a pair of lateral extensions, a left lateral extension **20** and a right lateral extension **22**. The lateral extensions **20** and **22** comprise an inside edge **24**, an outside edge **26**, an upper surface **28**, and a lower surface **30**. The lateral extensions **20** and **22** can have an essentially constant thickness throughout. The inside edge **24** is attached to and is about the same length as the lower section **16**. The outside edge **26** can be about 8mm-16mm in length. The inside edge **24** and the lower section **16** meet to form a horizontal plane, essentially perpendicular to the centralized vertical extension **12**. The upper surface **28** of the lateral extensions **20** and **22** can form an angle from about 0°-60° below the horizontal plane. The width of the annulus stent **10** may be from about 3mm-5mm.

Please replace paragraph [055] with the following amended paragraph:

BS

A porous matrix or mesh of biocompatible and bioresorbable fibers acting as a scaffold to regenerate disc tissue and replace annulus fibrosus as disclosed in, for example, U. S. Patent Nos. 5,108,438 (Stone) and 5,258,043 (Stone), a strong network of Miert fibers intermingled with a bioresorbable (or bioabsorbable) material which attracts tissue ingrowth as disclosed in, for example, U.S. Patent No, 4,904,260 (Ray et al.).

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Please replace paragraph [060] with the following amended paragraph:

In further embodiments, as shown in FIGs. 5AB-6AB, the left and right lateral extensions **20** and **22** join to form a solid pyramid or cone. Additionally, the left and right lateral extensions **20** and **22** may form a solid trapezoid, wedge, or bullet shape. The solid formation may be a solid biocompatible or bioresorbable flexible material, allowing the lateral extensions **20** and **22** to be compressed for insertion into aperture **44**, then to expand conforming to the shape of the annulus' **42** inner wall.

Please replace paragraph [061] with the following amended paragraph:

Alternatively, a compressible core may be attached to the lower surface **30** of the lateral extensions **20** and **22**, forming a pyramid, cone, trapezoid, wedge, or bullet shape. The compressible core may be made from one of the biocompatible or bioresorbable resilient foams well known in the art. The core can also comprise a fluid-expandable membrane, e.g., a balloon. The compressible core allows the lateral extensions **20** and **22** to be compressed for insertion into aperture **44**, then to expand conforming to the shape of the annulus' **42** inner wall and to the cavity created by pathologic extrusion or surgical removal of the disc fragment.

Please replace paragraph [064] with the following amended paragraph:

In an alternative method of securing the annulus stent **10** in the aperture **44**, as shown in FIG. 9, a first surgical screw **50** and second surgical screw **52**, with eyeholes

53 located at the top of the screws 50 and 52, are opposingly inserted into the adjacent vertebrae 54 and 56 below the annulus stent 10. After insertion of the annulus stent 10 into the aperture 44, a suture 40 is passed down though the disc annulus 42, adjacent to the aperture 44, through the eye hole 53 on the first screw 50 then back up through the disc annulus 42 and through the orifice 18 on the annulus stent 10. This is repeated for the second screw 52, after which the suture 40 is secured. One or more surgical sutures 40 are placed at about equal distances along the sides of the aperture 44 in the disc annulus 42. Reapproximation or closure of the aperture 44 is accomplished by tying the sutures 40 in such a fashion that the sides of the aperture 44 are drawn together. The reapproximation or closure of the aperture 44 enhances the natural healing and subsequent reconstruction by the natural tissue crossing the now surgically narrowed gap in the annulus 42. Preferably, the surgical sutures 40 are biodegradable but permanent non-biodegradable forms may be utilized. This method should decrease the strain on the disc annulus 42 adjacent to the aperture 44, precluding the tearing of the sutures through the disc annulus 42.

Please replace paragraph [068] with the following amended paragraph:

In an illustrative embodiment, a hydrogel is injected into the internal cavity 62 of the flexible bladder 60. A hydrogel is a substance formed when an organic polymer (natural or synthetic) is cross-linked via, covalent, ionic, or hydrogen bonds to create a

B10
three-dimensional open-lattice structure, which entraps water molecules to form a gel.

The hydrogel may be used in either the hydrated or dehydrated form.

Please replace paragraph [072] with the following amended paragraph:

B11
In an alternative embodiment, as shown in FIG. 13, the annulus stent 10 is substantially umbrella shaped, having a central hub 66 with radially extending struts 67. Each of the struts 67 is joined to the adjacent struts 67 by a webbing material 65, forming a radial extension 76 about the central hub 66. The radial extension 76 has an upper surface 68 and a lower surface 70, where the upper surface 68 contours to the shape of the disc annulus' 42 inner wall. The radial extension 76 may be substantially circular, elliptical, or rectangular in shape. Additionally, as shown in FIG. 20, the upper surface 68 of the radial extension 76 may be barbed 82 for fixation to the disc annulus' 42 inner wall and to resist explosion through the aperture 42.

Please replace paragraph [073] with the following amended paragraph:

2
As shown in FIGs. 14 and 15, the struts 67 are formed from flexible material, allowing the radial extension 76 to be collapsed for insertion into aperture 44, then the expand conforming to the shape of the inner wall of disc annulus 42. In the collapsed position, the annulus stent 10 is substantially frustoconical or shuttlecock shaped, and having a first end 72, comprising the central hub 66, and a second end 74.

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Please replace paragraph [074] with the following amended paragraph:

B13
In an alternative embodiment, the radial extension 76 has a greater thickness at the central hub 66 edge than at the outside edge.

Please replace paragraph [080] with the following amended paragraph:

B14
In a method of use, as shown in FIGs. 16A-16C, the radial extension 76 is collapsed together, for insertion into the aperture 44 of the disc annulus 42. The radial extension 76 is folded such the upper surface 68 forms the inner surface of the cylinder. The annulus stent 10 is then inserted into the aperture 44, inserting the leading end 72 though the aperture 44 until the entire annulus stent 10 is within the disc annulus 42. The radial extension 76 is released, expanding within the disc 44. The upper surface 68 of the annulus stent 10 contours to the inner wall of disc annulus 42. The central hub 66 is positioned within the aperture 44 so that the annulus stent 10 may be secured to the disc annulus 42 using means well known in the art.

Please replace paragraph [082] with the following amended paragraph:

B15
In an alternative method of use, as shown in FIGs. 17A-17C, the radial extension 76 is collapsed together for insertion into the aperture 44 of the disc annulus 42. The radial extensions 76 are folded such that the upper surface 68 forms the outer surface of the stent, for example in a frustoconical configuration as illustrated. The annulus stent 10 is then inserted into the aperture 44, inserting the tail end 74 through the

B15

aperture 44 until the entire annulus stent 10 is in the disc. The radial extensions 76 are released, expanding within the disc. The upper surface 68 of the annulus stent 10 contours to the disc annulus' 42 inner wall. The central hub 66 is positioned within the aperture 44 so that the annulus stent 10 may be secured to the disc annulus 42, using means well known in the art.

Please replace paragraph [084] with the following amended paragraph:

NE

In a method of use, as shown in FIGs. 12A-12B, where the annulus stent 10 has been inserted into the aperture 44, as has been previously described. Similarly, for the stent shown in FIGs. 18 through 21, an injection instrument, as known in the art, such as a syringe, can be used to inject the biocompatible fluid or expansive foam into the internal cavity 86 of the flexible bladder 80. The biocompatible fluid or expansive foam is injected through the annulus stent 10 into the internal cavity 86 of the flexible bladder 80. Sufficient material is injected into the internal cavity 86 to expand the flexible bladder 80 to fill the void in the intervertebral disc cavity. The use of the flexible bladder 80 is particularly useful when it is required to remove all or part of the intervertebral disc nucleus.

Please replace paragraph [086] with the following amended paragraph:

Various materials known to those skilled in the art can be employed in practicing the present invention. By means of example only, the body portions of the stent could be made of NiTi alloy, plastics including polypropylene, polyethylene, stainless steel

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